



Texas Department of Health

Addendum to Diphtheria, Tetanus, and Pertussis Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement for the vaccine(s) listed above.
3. I know the risks of the diseases this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the diseases, the vaccine, and how the vaccine is given.
6. I know that the person named below will have a vaccine put in his/her body to prevent an infectious disease.
7. I am an adult who can legally consent for the person named below to get the vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: **G** DTP (Diphtheria, Tetanus, and Pertussis Vaccine) **G** DT (Diphtheria and Tetanus Vaccine)
G DTaP (Diphtheria, Tetanus, and acellular Pertussis Vaccine)

Information about person to receive vaccine (Please print)				
Name: Last	First	Middle Initial	Birthdate	Age
Address: Street		City	County	State TX
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
x _____ Date _____				
_____ Date _____				
Witness				

For Clinic/Office Use
Clinic/Office Address:
Date Vaccine Administered:
Vaccine Manufacturer:
Vaccine Lot Number:
Site of Injection:
Signature of Vaccine Administrator:
Title of Vaccine Administrator:

Texas Department of Health
eC-91 (5/02)

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CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) schools in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas 78756.
G Yes. Add my child's information into the Texas Department of Health, Immunization Registry.
G No. Do Not add my child's information into the Texas Department of Health, Immunization Registry.

Signature of parent, guardian, or managing conservator

Date of signature

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)